

46 FORM 1—ANTIRETROVIRAL DRUGS

ID Number	Visit No.	DATE																																																															
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COMPLETE THE FOLLOWING FOR EACH DRUG LISTED IN QUESTION 15.B(3).

- abacavir (Ziagen) (218)
- amprenavir (Agenerase) (219)
- atazanavir (Reyataz) (243)
- Combivir (zidovudine & lamivudine) (227)
- d4T (Zerit, Stavudine) (159)
- delavirdine (Rescriptor) (194)
- didanosine (Videx) (147)
- efavirenz (Sustiva) (220)
- emtricitabine (Emtriva, FTC) (239)
- enfuvirtide (Fuzeon, T-20, pentafuside) (233)
- Epzicom (abacavir, lamivudine) (254)
- fosamprenavir (Lexiva) (249)
- indinavir (Crixivan) (212)
- lamivudine (EpiVir, 3TC) (204)
- lopinavir (Kaletra) (217)
- nelfinavir (Viracept) (216)
- nevirapine (Viramune) (191)
- ritonavir (Norvir) (211)
- saquinavir (Invirase, Fortovase) (210)
- tenofovir (Viread) (234)
- tipranavir (238)
- Trizivir (abacavir + lamivudine + zidovudine) (240)
- Truvada (emtricitabine + tenofovir) (253)
- zidovudine (Retrovir, AZT) (092)

Other →

Name of Drug:

Drug Code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
0	100	200	300	400	500	600	700	800	900			
0									80	90		
0	1	2	3	4	5	6	7	8	9			

DRGAV_46

You said you were taking (DRUG) since your last visit:

1.A. Did you take this drug as part of a research study?
 NO (GO TO Q2) YES RESF1_46

B. Was this study one in which you may have taken a placebo (not the actual drug) or in which you were blinded to the treatment?
 NO YES PLCF1_46

C. Was this part of the AIDS Clinical Trial Group (ACTG) study?
 NO DON'T KNOW ACTF1_46
 YES

D. Are you currently taking this drug as part of the research study?
 NO (GO TO E.) YES STOP, IF BLINDED. GO TO Q4, IF UNBLINDED. RNF1_46

E. [Since your last visit] In what month and year did you most recently take this drug as part of the research study?

<input type="text"/>	J	F	M	A	M	J	J	A
	97	98	99	00	01	02	03	04

 AVRSM_46
 AVRSY_46

IF BLINDED, STOP. GO TO NEXT DRUG.
 IF UNBLINDED, GO TO Q2.

2. Are you currently taking this drug [not as part of a research study]?
 NO (GO TO Q3) YES (GO TO Q4) AVNW_46

IF YES, BUT DRUG WAS PREVIOUSLY TAKEN AS PART OF A STUDY, YOU MUST COMPLETE THIS FORM FOR RESEARCH USE AND COMPLETE ANOTHER FORM FOR NON-RESEARCH DRUG USE.

3. [Since your last visit] In what month and year did you most recently take this drug?

<input type="text"/>	J	F	M	A	M	J	J	A	S	O	N	D
	97	98	99	00	01	02	03	04	05	06	07	08

 AVR_46
 AVRY_46

4. Do you take this drug by mouth or receive it by injection?
 by mouth (pill)
 injection
 IF BY INJECTION, SKIP TO Q7. DORIN_46

5. According to your doctor, how many times per day, week, or month should you take (DRUG)? [IF NOT CURRENTLY TAKING DRUG, USE MOST RECENT TIME]
 NUMBER OF TIMES PER Day or Week or Month

<input type="text"/>	0	10	20	30						
	0	1	2	3	4	5	6	7	8	9

 PRES_46
 PREST_46

6. According to your doctor, how many pills should you take each time?
 NPILT_46

<input type="text"/>	1	2	3	4	5	6	7	8	9	10
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 IF BY MOUTH, SKIP TO Q8.

7. How many times per day, week, or month do you inject this drug?
 NUMBER OF TIMES PER Day or Week or Month

<input type="text"/>	0	10	20	30						
	0	1	2	3	4	5	6	7	8	9

 TINJD_46
 INJDU_46

Please continue on the other side. →

8. Did you start taking this drug since your last visit?

NO (GO TO Q10) YES **START_46**

9. [Since your last visit] In what month and year did you start taking this drug?

	J	F	M	A	M	J	J	A	S	O	N	D
	97	98	99	00	01	02	03	04	05	06	07	08

AVSM_46
AVSY_46

10. Since your last visit in (MONTH), how long have you used (DRUG)?

LENAV_46

- One week or less
- More than 1 week but less than 1 month
- 1–2 months (includes 2 months and longer, but less than 3 months)
- 3–4 months (includes 4 months and longer, but less than 5 months)
- 5–6 months
- More than 6 months

11. Did you stop taking this drug, for 2 days or longer, at any time since your last visit? [DOES NOT INCLUDE ALTERNATING DRUG USE]

NO (GO TO Q13) YES **DECAV_46**

12. Why did you stop taking this drug? (MARK ALL THAT APPLY)

- Low white blood cells (low neutrophils) **STWBC_46**
- Anemia (low red blood cells/low hemoglobin) **STANE_46**
- Blood in urine **STBLU_46**
- Bleeding **STBLD_46**
- Dizziness/Headaches **STHED_46**
- Nausea/Vomiting **STVOT_46**
- Abdominal pain (pancreatitis/abdominal bleed) **STABP_46**
- Diarrhea **STDIA_46**
- Muscle pain or weakness (myopathy/myositis) **STMPW_46**
- cramps/spasms) **STBTE_46**
- Burning/tingling in extremities (neuropathy/neuritis/numbness) **STKID_46**
- Kidney stones **STREN_46**
- Kidney failure **STRAS_46**
- Rash **STDM_46**
- High blood sugar/Diabetes **STCHO_46**
- High cholesterol/High triglycerides **STURN_46**
- Painful urination **STHBP_46**
- High blood pressure **STFAT_46**
- Abnormal changes in body fat **STNVD_46**
- Vivid nightmares or dreams **STLTX_46**
- Liver toxicity (abnormal liver function test) **STIPS_46**
- Insomnia or problems sleeping **STFTG_46**
- Fatigue **SINVL_46**
- Increased viral load **SDCVL_46**
- Decreased viral load **STHOS_46**
- Hospitalized **STPER_46**
- Personal decision **STDOC_46**
- Prescription changes by physician **STEXP_46**
- Too expensive **STINC_46**
- Too much bother, inconvenient (ran out/variable to fill prescription) **STCGD_46**
- Changed to another drug in order to decrease number of pills or dosing frequency **STEND_46**
- Study ended
- Other, specify:

1) _____	STOT1_46	_____
2) _____	STOT2_46	_____
3) _____	STOT3_46	_____

13. On average, how often did you take your medication as prescribed?

- 100% of the time
- 95–99% of the time **MDPRE_46**
- 75–94% of the time
- <75% of the time